ACADEMIC TRAINING RECOMMENDATION FOR J-1 STUDENTS

A job offer letter must be attached with request to OISSS

Please check appropriate box. Academic training is recommended:

☐ Prior to completion of studies
☐ Following completion of studies

Student Name:_____________________________ Student # __________ Email:______________

The Dean, Associate Dean, or Academic Advisor of the J-1 student should complete the following and sign below.

1. Degree Completion Date:  ______________  Degree program:________________________
   mm/dd/yyyy      Bachelor, Master or Doctoral

2. Proposed beginning and ending dates of the academic training (Although Post Doc may have total of
   36 months of academic training, maximum authorization period is limited to 18 months at a time):

   From______________ to _______________
   mm/dd/yyyy                 mm/dd/yyyy

3. Name and detailed address of employer:

4. Name, address, e-mail and phone number of the training supervisor:

5. Description, goals and objectives of the specific academic training program:

6. How does the training relate to the student's major field of study and why is it an integral or critical part
   of the student's academic program:

7. Number of hours per week student will participate in academic training:_____

I will evaluate the effectiveness and appropriateness of the academic training in achieving the
stated goals and objectives in order to ensure the quality of the academic training program.

_________________________________________________________  __________________________
Signature of Dean, Associate Dean, or Academic Advisor                          Date
CERTIFICATION

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified in the “Statement of Understanding regarding the Health Insurance requirement for the J-1 Exchange Visitor Program” for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility of extending your DS-2019, it is mandatory for you to certify if you have or have not applied for a waiver by answering the questions below.

Have you applied for a waiver of the Two-Year Home Residency Requirement?

Yes:_________________No:_____________

If yes, please provide your Department of State Case Number:__________________________

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State. I understand the two-year home residency requirement. The information given by me on this application to extend J-1 status is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required)_______________________________________ Date: ___________________________
J-1 Student Academic Training Evaluation Form

The required evaluation must be completed prior to the conclusion of the student academic training program. The student and the immediate supervisor must sign the evaluation form. Please submit the complete form to ISSS.

Date: ___________ Student Name: _____________________ PS ID: __________________

Academic Training Supervisor Name: ____________________________________________

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<th>Performance Factors</th>
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<td>Overall Performance</td>
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<td>How did the student performance compare to the goals and objectives stated in the Academic Training job offer letter?</td>
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<td>Add your additional comments here:</td>
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Professor/ Supervisor signature: ____________________ Date: ________________

Student Signature: ____________________________ Date: ________________